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Bib Data Sheet

CONFIRMATION NO. 9442

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|-----------------------------|--|--------------|------------------------|-------------------------------------|
| SERIAL NUMBER<br>10/536,522 | FILING OR 371(c)<br>DATE<br>05/25/2005<br>RULE | CLASS<br>251 | GROUP ART UNIT<br>3751 | ATTORNEY<br>DOCKET NO.<br>PC10591US |
|-----------------------------|--|--------------|------------------------|-------------------------------------|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/EP03/13935 12/09/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

GERMANY 102 58 268.8 12/13/2002

GERMANY 103 23 656.2 05/26/2003

GERMANY 103 43 841.6 09/23/2003

|                                 |   |                             |                   |                    |                         |
|---------------------------------|---|-----------------------------|-------------------|--------------------|-------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input type="checkbox"/> no  | STATE OR COUNTRY<br>GERMANY | SHEETS<br>DRAWING | TOTAL CLAIMS<br>17 | INDEPENDENT CLAIMS<br>1 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                             |                   |                    |                         |
| Verified and Acknowledged       | Examiner's Signature _____ Initials _____   |                             |                   |                    |                         |

**ADDRESS**

23122

**TITLE**

Electromagnetic valve

|                             |   |   |
|-----------------------------|---|---|
| FILING FEE RECEIVED<br>1000 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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